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November 27, 2000

Michael Fiore, Director
Center for Medicaid and State Operations
Family and Children's Health Programs Group
Division of Integrated Health Systems
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Fiore:

Thank you for your reply to Wisconsin's clarifications on our Section 1115 demonstration request to provide family planning services to an expanded population. We are submitting our answers to your questions.

Enclosed with this letter is the document that includes your questions and our answers. Please review and let us know if you have any questions.

We are looking forward to expanding our family planning program, and we believe that providing services to this target population will be cost effective. If you have questions regarding our responses, you may contact Mary Laughlin at (608) 261-7833.

Sincerely,

Peggy L. Bartels
Administrator

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Enclosure

**STATE OF WISCONSIN FAMILY PLANNING PROGRAM
RESPONSES TO HCFA**

BUDGET NEUTRALITY

- 1. Please provide a narrative description explaining the assumptions used on your Budget Neutrality Worksheet. We were particularly concerned about the fact that the Worksheet shows deliveries remaining at a constant rate without the waiver. We believe that the deliveries should be going down since the birth rate has been going down in your State. Please address this discrepancy. What is the impact of the increase in access to Family Planning services due to Badgercare and other State programs? This impact should be reflected in the Budget Neutrality Worksheet.**

METHODOLOGY AND ASSUMPTIONS

- Over the five-year period of the demonstration project, Wisconsin expects to serve **45,846** women in the first year and **43,871** women in each of the four following years. Using the estimated Wisconsin population for July 1, **1996** (Source: Wisconsin Bureau of Health Information (BHI), DHFS), the **1996** estimated number of females ages **15-44** below **185% FPL** is **325,603**. For the first year, we subtracted **117,120** Medicaid eligibles and **25,100** BadgerCare enrollees from **325,603**, resulting in **183,383** women below **185% FPL** not covered by Medicaid/BadgerCare. For each of the four following years, we subtracted **117,120** Medicaid eligibles and **33,000** Badgercare enrollees resulting in **175,483** women below **185% FPL** not covered by Medicaid/BadgerCare. We then multiplied these numbers by the **25%** Medicaid participation rate for family planning (Source: HCFA **2082** Report, FY **96** data before statewide managed care expansion). This resulted in **45,846** potential enrollees in the first year and **43,871** potential enrollees in each of the following four years for the Family Planning Benefit. (This differs from our original estimate of **47,000** as we took into account the increased number of women that will be served through Badgercare.)
- The **6,464** deliveries estimated for each of the five years without the waiver is based on a national **14.1%** birthrate calculated from a **1996** article by Forrest and Samara. This is a conservative estimate and was generated by averaging three scenarios of possible contraceptive behavior on the part of women in the absence of family planning services. Briefly, Scenario I assumes that in the absence of publicly funded services, the contraceptive status mix of women who currently use these services would shift to that of similar women who do not use them. Scenario II assumes that the mix would be the same as that among women who discontinue pill use. Scenario III assumes that women would return to the contraceptive behavior that they practiced before using publicly funded services.
- According to the Forrest and Samara article, the number of recipients of publicly funded family planning services nationally in **1994** was **5,000,000**.

- Scenario I births=559,700
 - Scenario II births=888,900
 - Scenario III births=668,900
 - Average of Scenarios I, II, and III=705,800
- Percent of women with births per year without access to public FP=14.1%
 - Forrest and Samara used the average of Scenarios I-III to estimate the numbers of unintended pregnancies averted by family planning clinics in each state. They came up with 35,200 pregnancies averted in Wisconsin in 1994 out of a total of 150,860 clients served. Using the assumption that 40% of unintended pregnancies among contraceptive users are carried to term, they estimated that 14,080 (40% of 35,200) or about 10% of the total women served had an averted birth. We used this 10% rate to calculate the potential averted births for each year of the family planning waiver. Then we conservatively estimated that with gradual start up of the program the actual averted births would be 3.2%, 4.9%, 6.6%, 8.3% and 10% for respective years of the program.
 - In our revised version of the budget neutrality worksheet, we used a birth rate of 14.1% for the percent of women with births per year without access to public FP (see above explanation). This gave us 6,464 in the first year and 6,186 for the following four years for annual deliveries without the waiver. Utilizing the above percentages (3.2%, 4.9%, 6.6%, 8.3%, and 10%) the decrease in number of births due to the waiver is generated as a birth rate: year 1=6,097 deliveries; year 2=5,481 deliveries; year 3=4,968 deliveries; year 4=2,659 deliveries; and year 5=1,879 deliveries. These numbers were calculated by taking the number of persons in the Expanded FP line: yr. 1=11,461; yr. 2=20,057; yr. 3=28,653; yr. 4=45,846; and yr. 5=45,846, multiplying them by the above percentages and subtracting that amount for the base year number of deliveries, 6,464. The same methodology was used for the "other child costs."
 - Appendix E-1 presents the Healthy Start historical eligibles and costs over the period of State Fiscal Year (SFY) 94 through SFY 98. Appendix E-2 projects the number of Healthy Start eligibles and costs for the same population that would be expected during SFY 99 through SFY 03, without the waiver. Appendix E-3 projects these costs with the waiver. (See attachments.) We used Healthy Start eligibles and expenditures for pregnant women, newborns and children and fee-for-service family planning eligibles and expenditures for the deliveries, first year costs and other child costs both with and without the waiver.
 - The total cost to provide the family planning benefits over the five years is estimated at \$32,230,274. These projected costs are based on the historical (SFY 94-SFY 98) average per user cost of \$185 and are inflated each year by the second quarter DIU medical care index. The Medicaid fee-for-service family planning services costs have been declining over time, in large part due to the expansion of managed care for this population. Therefore, we chose the historical fee-for-service average per user cost of \$185 as a more accurate reflection of the cost to provide the family planning services under this demonstration project.

- Total costs without the waiver program for the five years is **\$156,677,084**. This includes deliveries, first year costs and other child costs. Total costs with the waiver program for the five years is **\$147,168,444**. This includes deliveries, first year costs, other child costs, expanded family planning services, and system change costs. The savings due to the family planning waiver project are projected to be **\$9,508,640**.

DELIVERIES

- As stated above, we projected the number of deliveries without the waiver based on **14.1%** national birthrate for women without family planning services cited in a **1996** article by Forrest and Samara. This was calculated using the average birth rate for women with three different scenarios of contraceptive behavior without family planning services. This is a fairly conservative estimate and we assume that any error will be made in the direction of its being too low.
- We have also found that information on births in Wisconsin does not necessarily indicate a declining birthrate for the population of women this project will serve. According to the Wisconsin Births and Infant Deaths **1998** Report (Bureau of Health Information, DHCF, DHFS), from **1988** to **1998**, the percent of births to women in their twenties decreased, while the percent of births to women in their thirties increased. At the same time the proportion of births to teens remained roughly stable. Additionally, although the overall number of births to Wisconsin residents declined annually from **1991-1997**, the number of births for the same population actually increased in **1998**.
- The Alan Guttmacher Institute reports that over **49.0%** of all pregnancies are unintended, and approximately **31.0%** of all births are also unintended. The proportions of unintendedness increase with young age and low-income, as shown in the following table (Alan Guttmacher, **1995**). Women within these demographic categories are particularly vulnerable to the negative consequences of unintended pregnancy and birth.

Demographics	Unintended Pregnancies	Unintended Births
Ages 15-17	82.7%	72.9%
Ages 18-19	75.0%	61.7%
Under 100% FPL	61.4%	44.8%
100-199% FPL	53.2%	37.2%

Young, low-income women are being targeted by the Family Planning Waiver Project for this reason. As stated above, the birthrate for teens has stayed roughly stable over the past decade.

EFFECT OF BADGERCARE AND OTHER STATE PROGRAMS

- As stated above, for the first year of the project we subtracted the **117,120** Medicaid eligibles and **25,100** BadgerCare enrollees from the estimated number of females (**325,603**), ages **15-44** below **185%** FPL, resulting in **183,383**. We then multiplied the **183,383** by a **25%** Medicaid participation rate, resulting in **45,846** potential enrollees for the Family Planning Benefit. For each of the following years, we subtracted **117,120** Medicaid eligibles and **33,000** BadgerCare enrollees resulting in **175,483** women not covered by Medicaid or BadgerCare. Multiplying this by the **25%** participation rate results in **43,871** potential enrollees for each of the following four years of the project. The **25%** participation rate is based on SFY **96** data before the statewide managed care expansion and is therefore a fairly conservative estimate. Thus, the effect of BadgerCare and other state programs is reflected in the methodology used to determine the number of potential enrollees for the Family Planning Benefit.

2. What does the State plan to do with the Title V and Title X funds that will be freed up by this waiver? Will the State provide more services or expand the income eligibility for these services?

Expanding Medicaid coverage for family planning services will augment funding for both of these programs. The **1115** waiver will allow Wisconsin to allocate additional Title V and Title X dollars for **community** education and outreach, and offer more affordable services for other clients, such as low-income men, and women between **185%** and **250%** FPL (similar to proposals submitted by other states, e.g., Oregon). To the extent that the women up to **185%** FPL served through Title V and Title X will qualify to be served through the Family Planning Waiver Program, the Title V and Title X programs will be used to serve women between **185%** and **250%** FPL and low-income men. Thus, the income eligibility for Title V and Title X will be expanded.

TARGET POPULATION

3. Please re-do your estimate of the number of women that will be in the target population. In doing your estimate, please take into account the increased number of women in BadgerCare and take into account the number of women in the Wisconsin Family Planning Program. It seems as if the only people eligible for this program are childless, non-pregnant women over age 18 who have income at or below 185% FPL. Due to the extremely limited population that would now be eligible for the proposed demonstration, please re-justify the need for this project.

- It is important to recognize that some of the women who are currently served through the Title V and Title X programs will qualify for services through the Family Planning Waiver Project. The Title V and Title X funds that are freed up by the waiver will be used to expand services to women between **185%** and **250%** of the FPL.
- Furthermore, recalculating the target population estimate taking into account the increased number of women in BadgerCare and subtracting the number of Medicaid eligibles yields only a slightly lower projection for each of the five years of the project:

- This only slightly impacts the savings over the five years of the waiver project. Our original estimated savings was **\$10,156,479**. Including the increased number of women in BadgerCare reduced the savings by **\$647,839** to **\$9,508,640**. (See attached original and revised budget neutrality worksheets.)
- Finally, this project targets non-pregnant women aged **15-44** who are up to **185%** of the FPL. We are particularly targeting women who do not qualify for Medicaid **and** Badgercare. Low-income women who do not qualify for such programs are unlikely to have either insurance coverage, or sufficient personal funds to purchase family planning and reproductive health services in the private sector. Therefore, they are at a higher risk of unintended pregnancy and in greater need of subsidized family planning services (Forrest and Samara, **1996**).

4. Why haven't men been included as part of the target population for the proposed demonstration?

Wisconsin state law requires Family Planning Waiver funds only to be spent on women, aged **15-44**, who are up to **185%** of the FPL. During the **1996-1997** session of the Wisconsin Legislature, the Joint Committee on Finance adopted a motion for a Title XIX waiver for the development of:

...a proposal to expand access to family planning services currently covered under the Medicaid program to all women between the ages of **15** and **44** who live in families with income under **185%** of the federal poverty level. Direct DHFS to seek approval, by January **1, 1998**, of a demonstration waiver from the U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA), to implement this proposal. The demonstration project would be designed to test the effectiveness of innovative intervention strategies aimed at reducing the number of unintended pregnancies and improving birth outcomes among low-income women.

Also, please note that Wisconsin's package of services is similar to other waivers such as Arkansas and Oregon, in terms of medical services to men. Women can obtain male contraceptive methods (condoms) **as** part of their care. Additionally, service funds freed up from Title V and Title X could potentially be used to offset the cost of male sterilization procedures.

FINANCIAL/SERVICES

- 5. It appears this program is modeled after the Title X program. You should be advised that the Title X definition of family planning differs from the Medicaid definition, and not all services provided in a Title X clinic are entitled to the enhanced Medicaid Family Planning match rate. We are available to discuss the services you wish to provide and review the match rates.**

Wisconsin Medicaid currently covers family planning services, and we are aware that not all services are entitled to the enhanced Medicaid Family Planning match rate. Services provided to recipients eligible for family planning under the waiver will be claimed using

the same methodology. We will review the match rates after the waiver is approved and during implementation of the waiver program.

ELIGIBILITY/PRESUMPTIVE ELIGIBILITY (PE)

- 6. Page 5 of the response states that “All Title V and Title X family planning clinics will be providing services under this demonstration project and may become qualified to make PE determinations.” Is PE addressed in your State Plan? Does the State do PE for children or pregnant women in regular Medicaid? What happens with a client who has PE, but is later determined not to be eligible? Please clarify the State’s policy on not claiming FFP for any services provided during the PE period in this situation. Based on prior experience, are there any estimates on the number of cases where this might be a problem? Is there some system for ensuring continued care for the client?**
- Presumptive Eligibility (PE) is addressed in Wisconsin’s State Plan. PE currently is only available for pregnant women. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets the income eligibility level specified below. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period of eligibility ends on that last day. Claiming of FFP for services provided to women who are certified as presumptively eligible in error is consistent with any other case incorrectly certified eligible for MA.
 - PE is used in Wisconsin to allow an uninsured pregnant woman to receive immediate pregnancy-related outpatient services while her application for Medicaid is being processed. To be eligible for PE, a woman must have her pregnancy medically verified and her family’s gross income cannot exceed 185% of the federal poverty level. Presumptive Medicaid Eligibility determinations are made based on pregnancy and income eligibility only; there is no asset test for Presumptive Eligibility.
 - Once Wisconsin Medicaid receives the application from the certifying agency, a woman’s eligibility for regular Medicaid is established on Medicaid’s computer system within 48 hours.
 - Included with the Presumptive Eligibility application is a beige ID card that is given by the qualified provider to the woman on a temporary basis until she is determined eligible for Wisconsin Medicaid. A woman can be eligible for Presumptive Eligibility from the date the qualified provider determines a woman is eligible through the end of the following month. The provider making the Presumptive Eligibility determination is required to indicate the dates of eligibility on this card. The beige ID card identifies a woman as eligible for Presumptive Eligibility, and providers accept it for the dates indicated on the card as proof of eligibility, even though eligibility will not be on Wisconsin Medicaid’s file for 48 hours after the completed application is received.

- Regarding recipients that have been granted PE and then later have been found to not be eligible for Medicaid, a 1998 quality control study done by the Wisconsin Department of Workforce Development addresses the issue. Out of 512 cases selected for review, only 6 or 1.2% of cases were determined to have been certified for PE Medicaid where eligibility did not exist. In the case of family planning PE, those cases found to be ineligible for the waiver could be covered under Titles V or X.

7. Page 6 of the response states that the State will “reduce verification requirements for this program.” Please explain what procedures the State will be using for eligibility determinations.

The elements requiring verification include: identity, age, social security number (SSN), and citizenship. Wisconsin Medicaid verifies identity with a picture ID, age with a birth certificate, SSN with an automated verification with the Social Security Administration (SSA) and the Social Security (SS) card. Citizenship is verified through a birth certificate, and, if the person is an alien, the INS SAVE system is used to verify their alien status.

8. What type of training will be instituted to train private providers, Title V and Title X clinics, and others to become qualified to make PE determinations?

- As of January 2000, the Division of Public Health contracted with Health Care Education and Training, Inc. (HCET), to coordinate continuing education, training, and technical assistance for Wisconsin Family Planning Programs and their community service partners. Presumptive Eligibility will be one of the topics covered in future trainings.
- A Medicaid Provider Update which explains the Family Planning Waiver Program, as well as PE for that population, will be published and sent out to all Wisconsin Family Planning Providers after the waiver is approved. A section on PE will be included in the family Planning Provider Handbook.
- A Medicaid Provider Update discussing the current PE benefit was published in January of 2000. The publication discusses:
 1. What Presumptive Eligibility is.
 2. Who is eligible for PE.
 3. What services are covered under the benefit.
 4. How to get reimbursed for services covered under PE.
 5. How long PE lasts.
 6. What state and federal criteria providers need to meet to be qualified to determine PE.
 7. Where to obtain an application to become a qualified PE provider.

EVALUATION

9. Due to the change in the target population, all the hypotheses in the evaluation need to be revised in order to accommodate the fact that only childless, non-pregnant women over the age of 18 will be in this demonstration.

As discussed in question 3, there has not been a change in the target population. The Wisconsin Family Planning Waiver Program will serve women aged 15-44, who are up to 185% of the FPL. We estimated that there are 325,603 females aged 15-44, up to 185% of the FPL in Wisconsin. The original projection of 47,000 in the target population was calculated after subtracting women enrolled in BadgerCare and women eligible for AFDC/Healthy Start from the 325,603. Our recalculation, which resulted in 63,445 for the first year of the project, was calculated by subtracting the actual enrollees in AFDC/Healthy Start (46,725) and the increased number of Badgercare (25,100) enrollees from the same number.

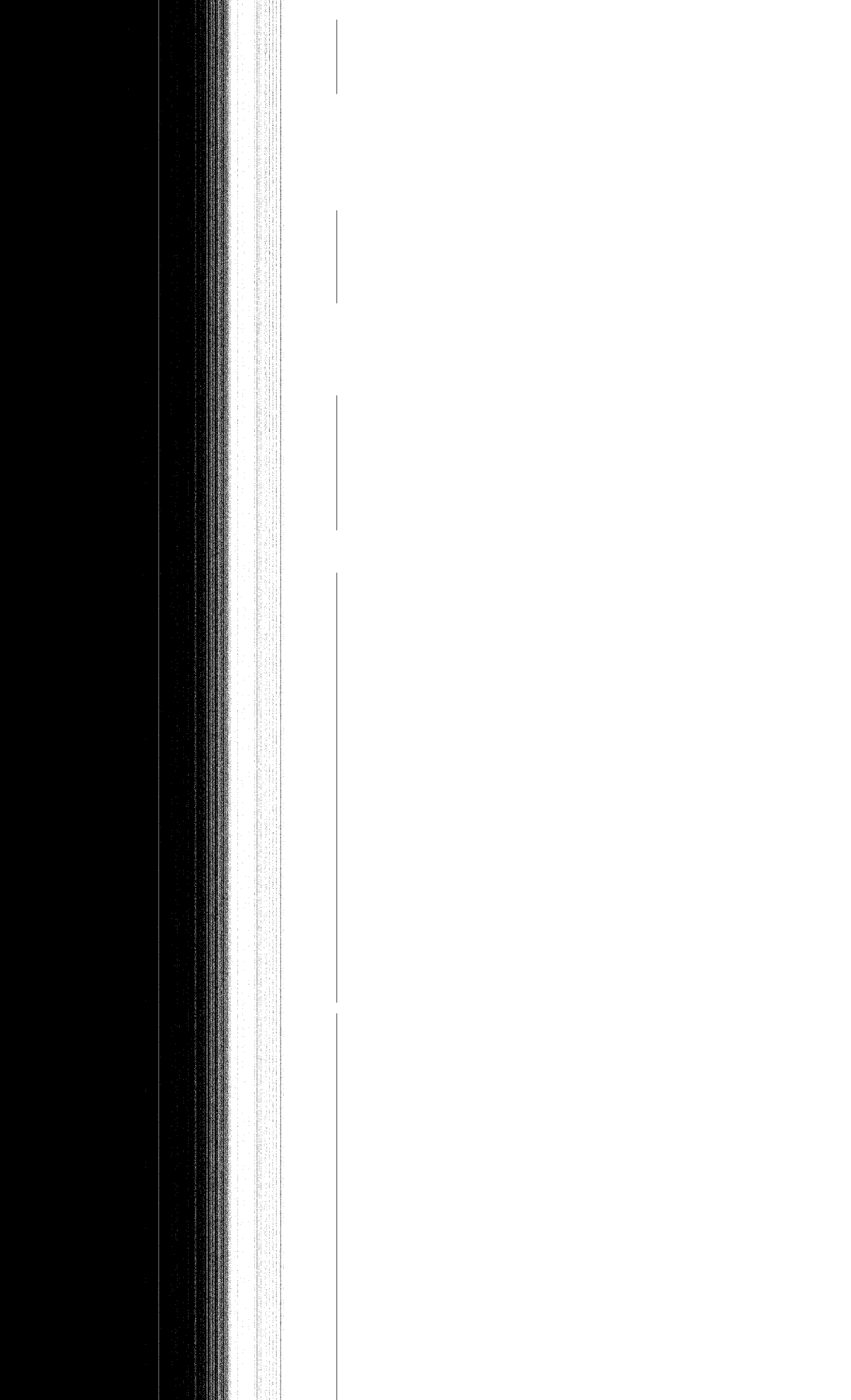
There will be low-income women eligible for family planning services who are not eligible for Badgercare because they have other insurance. As stated above, many of the women who will be eligible to be served through the waiver will come from the population served through Title X and Title V. This will allow Wisconsin to expand services offered through Title X and Title V to women between 185% and 250% of the FPL and low-income men.

10. Page 9 of the response, hypothesis 4, asked for the baseline for the expected decrease in births. The State’s response did not adequately address this question. Please provide data for the last three years on per capita births for the population.

The number of births to teens paid by Medicaid for the last three years of available data is:

1998=5,684
1997=5,815
1996=5,343

From 1996 to 1997 the number of births increased by 472 and from 1997 to 1998 it decreased by 131. Hypothesis 4 states that: “The demonstration project will result in a larger than expected decrease in the annual number of Medicaid paid births for females who are teenagers at the time of the birth.” We expect that during the five years of the Family Planning Waiver project, with effective outreach to potential waiver recipients, the number of births to teens paid by Medicaid will decrease noticeably more than it would without the waiver.



	Persons	0404	0404	0071	3481	4373	2659	1879	
	Per Capita	\$ 1,978.00	\$ 2,037.34	\$ 2,098.46	\$ 2,161.41	\$ 2,226.25	\$ 2,293.04	\$ 2,361.83	
	Total	\$ 12,785,792	\$ 13,169,366	\$ 12,794,311	\$ 11,846,688	\$ 10,180,641	\$ 6,097,193	\$ 4,437,879	\$ 4
FIRST YEAR COSTS									
	Persons	6464	6464	6097	5481	4573	2659	1879	
	Per capita	\$ 989.00	\$ 1,018.67	\$ 1,049.23	\$ 1,080.71	\$ 1,113.13	\$ 1,146.52	\$ 1,180.92	
	Total	\$ 6,392,896	\$ 6,584,683	\$ 6,397,155	\$ 5,923,372	\$ 5,090,343	\$ 3,048,597	\$ 2,218,949	\$ 2
OTHER CHILD COSTS									
	Persons	6097	11578	16151	18810				
	Per capita	\$ 718	\$ 739.54	\$ 761.73	\$ 784.58	\$ 808.12	\$ 832.36	\$ 857.33	
	Total	\$ -	\$ -	\$ -	\$ 4,783,584	\$ 9,356,413	\$ 13,443,446	\$ 16,126,377	\$ 4
EXPANDED FP									
	Persons	0	0	11461	20057	28653	45846	45846	
	Per capita	\$ 185.00	\$ 190.55	\$ 196.27	\$ 202.16	\$ 208.22	\$ 214.47	\$ 220.90	
	Total	\$ -	\$ -	\$ 2,249,450	\$ 4,054,723	\$ 5,966,128	\$ 9,832,592	\$ 10,127,381	\$ 3
SYSTEMS CHANGES									
		0	0	\$ 487,777	\$ 512,979	\$ 624,759	\$ 732,251	\$ 835,455	\$
PUBLIC AWARENESS*									
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
EVALUATION**									
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL WITH WAIVER COSTS									
		\$ 19,178,688	\$ 19,754,049	\$ 21,928,693	\$ 27,121,346	\$ 31,218,285	\$ 33,154,079	\$ 33,746,041	\$ 14
DIFFERENCE									
		\$ -	\$ -	\$ (1,582,025)	\$ (1,994,067)	\$ (338,162)	\$ 3,801,372	\$ 9,621,522	\$
* \$100,000 in TANF funds have been allocated for outreach and education.									
** Evaluation of the demonstration project will be done internally within the Department of Health and Family Services, and will be paid for by the Department									

DELIVERIES	Persons	6627	6627	6251	5619	4688	3457	1927
	Per Capita	\$ 1,978.00	\$ 2,037.34	\$ 2,098.46	\$ 2,161.41	\$ 2,226.25	\$ 2,293.04	\$ 2,361.83
	Total	\$ 13,108,206	\$ 13,501,452	\$ 13,117,473	\$ 12,144,963	\$ 10,436,660	\$ 7,927,039	\$ 4,551,246
FIRST YEAR COSTS	Persons	6627	6627	6251	5619	4688	3457	1927
	Per Capita	\$ 989.00	\$ 1,018.67	\$ 1,049.23	\$ 1,080.71	\$ 1,113.13	\$ 1,146.52	\$ 1,180.92
	Total	\$ 6,554,103	\$ 6,750,726	\$ 6,558,737	\$ 6,072,509	\$ 5,218,353	\$ 3,963,520	\$ 2,275,633
OTHER CHILD COSTS	Persons			6251	11870	16558	20015	
	Per Capita	\$ 718	\$ 739.54	\$ 761.73	\$ 784.58	\$ 808.12	\$ 832.36	\$ 857.33
	Total	\$ -	\$ -	\$ -	\$ 4,904,410	\$ 9,592,384	\$ 13,782,217	\$ 17,159,460
EXPANDED FP	Persons	0	0	11750	20563	38189	47000	47000
	Per Capita	\$ 185.00	\$ 190.55	\$ 196.27	\$ 202.16	\$ 208.22	\$ 214.47	\$ 220.90
	Total	\$ -	\$ -	\$ 2,306,173	\$ 4,157,016	\$ 7,951,714	\$ 10,080,090	\$ 10,382,300
SYSTEMS CHANGES		0	0	\$ 487,777	\$ 512,979	\$ 624,759	\$ 732,251	\$ 835,455
PUBLIC AWARENESS*	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EVALUATION**	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH WAIVER COSTS		\$ 19,662,309	\$ 20,252,178	\$ 22,470,160	\$ 27,791,877	\$ 33,823,870	\$ 36,485,117	\$ 35,204,094
DIFFERENCE	\$	-	\$ -	\$ (1,610,418)	\$ (1,106,936)	\$ (982,977)	\$ 2,856,996	\$ 10,999,814
*\$100,000 in TANF funds have been allocated for outreach and education. **Evaluation of the demonstration project will be done internally within the Department of Health and Family Services, and will be paid for by the Department								

SFY 1994

Users		Expenditures	Cost Per User
Healthy Start Newborns	31	\$6,539	\$211
Healthy Start Children	80,291	\$37,181,389	\$463
Healthy Start Women*	17,695	\$35,687,342	\$2,017
Family Planning Services**	43,419	\$10,838,785	\$250

Healthy Start Newborns
Healthy Start Children
Healthy Start Women
Family Planning Services

SFY 1996

Users		% Change from SFY 95	Expenditures	% Change from SFY 95	Cost Per User
Healthy Start Newborns**	13,934	204%	\$8,256,522	445%	\$593
Healthy Start Children	71,716	-7%	\$33,089,486	-12%	\$461
Healthy Start Women*	15,804	-1%	\$27,587,989	-13%	\$1,746
Family Planning Services**	42,459	-9%	\$7,935,654	-12%	\$187

Healthy Start Newborns
Healthy Start Children
Healthy Start Women*
Family Planning Services**

SFY 1998

Users		% Change from SFY 97	Expenditures	% Change from SFY 97	Cost Per User
Healthy Start Newborns	26,696	28%	\$17,421,348	95%	\$653
Healthy Start Children	116,473	25%	\$78,802,410	68%	\$677
Healthy Start Women*	19,272	8%	\$36,971,071	14%	\$1,918
Family Planning Services**	26,442	-29%	\$3,690,341	-41%	\$140

SFY 1999

	Eligibles	% Change from SFY 98	Expenditures	% Change from SFY 98	Cost Per Eligible
Healthy Start Newborns	27,737	4%	\$27,443,978	58%	\$989
Healthy Start Children	121,015	4%	\$84,413,851	7%	\$698
Healthy Start Women	20,024	4%	\$39,603,744	7%	\$1,978
Family Planning Services	24,327	-8%	\$3,500,362	-5%	\$144

Healthy Start Newborns
Healthy Start Children
Healthy Start Women
Family Planning Services

SFY 2001

	Eligibles	% Change from SFY 00	Expenditures	% Change from SFY 00	Cost Per Eligible
Healthy Start Newborns	29,943	4%	\$31,400,080	7%	\$1049
Healthy Start Children	130,639	4%	\$96,582,270	7%	\$739
Healthy Start Women	21,616	4%	\$45,312,700	7%	\$2,096
Family Planning Services	20,590	-8%	\$3,140,084	-5%	\$153

Healthy Start Newborns
Healthy Start Children
Healthy Start Women
Family Planning Services

SFY 2003

	Eligibles	% Change from SFY 02	Expenditures	% Change from SFY 02	Cost Per Eligible
Healthy Start Newborns	32,324	4%	\$35,961,376	7%	\$1,113
Healthy Start Children	141,027	4%	\$110,612,180	7%	\$784
Healthy Start Women	23,339	4%	\$51,904,986	7%	\$2,224

SFY 1999

	Eligibles	% Change from SFY 98	Expenditures	% Change from SFY 98	Cost Per Eligible	EI
Healthy Start Newborns	27,361	-1%	\$27,072,114	55%	\$89	2
Healthy Start Children	121,015	0%	\$84,413,851	7%	\$698	1
Healthy Start Women	19,648	-2%	\$38,860,016	5%	1,978	1
Family Planning Services	36,077	36%	\$5,674,112	54%	\$157	4

Healthy Start Newborns	2
Healthy Start Children	1
Healthy Start Women	1
Family Planning Services	4

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SFY 2003

	Eligibles	% Change from SFY 02	Expenditures	% Change from SFY 02	Cost Per Eligible	EI
Healthy Start Newborns	27,624	-1%	\$30,730,053	2%	\$1,112	2
Healthy Start Children	137	3%	\$108,127,145	6%	\$84	1
Healthy Start Women	18,639	-3%	\$41,451,741	0%	\$2,224	1
Family Planning Services	64,429	13%	\$11,775,856	15%	\$183	5

	Eligibles	% Change from SFY 00	Expenditures	% Change from SFY00	Cost Per Eligible	EI
Healthy Start Newborns	28,004	1%	\$29,366,262	4%	\$1,049	2
Healthy Start Children	129,631	3%	\$95,837,663	7%	\$739	1
Healthy Start Women	19,677	-1%	\$41,248,941	2%	\$2,095	1
Family Planning Services	49,966	16%	\$8,737,681	21%	\$175	5

Healthy Start Newborns	2
Healthy Start Children	1
Healthy Start Women	1
Family Planning Services	5